CAPTA Call
TECHNICAL ASSISTANCE FOR CAP GRANTEES

Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

November 6, 2001

RESPONDING TO EMERGENCIES: THE COMMUNITIES ROLE

The events of September 11th and subsequent anthrax mailings have caused great concern among the nation's health care providers, leading many to reassess their emergency preparedness plans. **Bill Hobson, Deputy Administrator of HRSA's Bureau of Primary Health Care (BPHC)**, spoke to grantees on November 6, 2001 about emergency preparedness and disaster response plans, how grantees may choose to develop or enhance such plans, and other ways grantees may participate in the emergency preparedness of their communities. Three guest speakers also participated in the call to discuss their own experiences in dealing with community response issues.

Emergency Response Recommendations

Mr. Hobson reviewed six activities that the BPHC recommends for grantees to participate in community preparedness:

1. Assess your local emergency response systems to determine whether all appropriate health care delivery systems in your area are included. CAP Collaboratives often involve a broad spectrum of organizations, so it's a good time to make sure your partners are involved in local emergency response activities.

2. Be proactive in your communities in assuring that local emergency response systems are up to date and comprehensive. Review plans from other cities that may have more experience. A comprehensive guide to state and local emergency response plans can be found on the CDC website at: http://www.bt.cdc.gov/STAndLocal/. Both Atlanta and Denver have nationally recognized systems.

3. Assure that low-income communities are addressed under the current emergency response plan in your community. Indigent residents may be inadvertently left out because of where they live in your community.

4. Remind your collaborative partners to establish and maintain emergency communication systems. Be sure alternative mechanisms are in place if traditional lines of communication are unavailable. Several reports following the September 11th tragedy in New York pointed to communication difficulties among emergency providers.

5. Act as both a facilitator and a watchdog within your communities to ensure that primary care providers are appropriately informed and trained in the recognition

of biological or chemical warfare symptoms. Make sure they are aware of appropriate reporting procedures and the clinical care necessary in the event of a bioterrorism attack.

6. Address the issue of service accessibility for un- and underinsured community residents in the event of an emergency.

Examples of Innovative Emergency Response Activities

Mr. Hobson discussed three innovative emergency response activities that serve as good examples for other communities attempting to establish emergency response protocols:

Kaiser Permanente's Mid-Atlantic Region

The Kaiser Permanente Health Plan includes the District of Columbia. Shortly after the initial anthrax mailings, Kaiser established a protocol for all of its health care providers to ask their patients where they work. This led to the diagnosis of inhalational anthrax in two postal employees who were asked about their occupation to determine if it put them at increased risk for anthrax exposure. These diagnoses may have been missed if it weren't for the new protocol. A key predictor in inhalational anthrax survival is early detection. Educating providers on the right questions to ask patients could greatly increase the chances of positive outcomes.

Washington State's Comprehensive Plan

State hospitals and laboratories in Washington State have voluntarily established a testing and surveillance system of several different health care facilities. This has reduced the reporting timeframe of potential outbreaks from weeks to days. A network has been established to quickly identify certain types of symptoms and test results that may suggest an outbreak of infectious disease or chemical attack.

Minnesota-based HealthPartners

HealthPartners is a non-profit health care plan based in Minneapolis, Minnesota. The organization has begun tracking diagnosis data from 19 clinics and hundreds of physicians in the area for 31 symptoms of diseases that may indicate a biological attack. The data are being reviewed on a nightly basis to prevent possible outbreaks from slipping through the system unnoticed. A number of local private practices are also participating in the program.

Other Perspectives – Guest Speaker Comments

David Inoue of the National Association of Public Hospitals (NAPH) provided grantees with several different sources of information regarding bioterrorism events and emergency preparedness plans.

- The American Medical Association provides an extensive bioterrorism response resource on their website located at http://www.ama-assn.org/.

- The American Hospitals Association, http://www.aha.org, also includes a comprehensive bioterrorism resource from its homepage, including a detailed list of hospital readiness, response and recovery resources (http://www.aha.org/Emergency/Resources/HospitalReady.asp).

Mr. Inoue referenced the American Hospital Association's white paper on hospital resources for disaster readiness, which can be found at: http://www.aha.org/Emergency/Readiness/ReadyAssessmentB1101.asp. The paper's intent was to estimate the cost of being prepared for a large-scale biological, chemical or nuclear attack for each of the 4900 hospitals in the country, which include 2700 hospitals in metropolitan areas and 2200 in rural communities. The study reviewed communication procedures, both externally among hospitals and internally within each hospital, as well as disease surveillance procedures for reporting and identification. Personal protection equipment, decontamination facilities, pharmacy and medical surgical supplies, training and drills, and mental health demands in the event of a disaster were all taken into consideration. The final estimated cost was approximated at 11 billion dollars to prepare all of the nation's hospitals for such an event

Based on recent surveys conducted by the NAPH, Mr. Inoue suggested that a centralized city or county planning board seems to be very beneficial in emergency response planning. In New York, the city took the lead in coordinating and organizing the different hospitals and providers. A chain of command is necessary to avoid confusion and keep order during a chaotic event. Even in New York, a city that is well organized, the system would have been overwhelmed if the more than 5000 casualties had instead been injuries.

Mr. Inoue emphasized the importance of CAP grantee and Community Health Center support during these emergencies. These centers could handle many patients that are ambulatory and non-emergent in nature, leaving hospital emergency rooms available to those who require acute care. This point is emphasized even more for a truly catastrophic disaster such as smallpox, where the government would need to ensure that health centers providing indigent care would not be overwhelmed by the surge in those seeking treatment, or closed to other care due to all the capacity utilized by one particular disease or disaster response. Safety net institutions will serve to provide significant disaster/emergency response, but must also balance the need to maintain the safety net for the ongoing health care needs of the uninsured/uncompensated care population.

Several Senators are proposing legislation to provide financial support for hospitals and community health centers to prepare for a biological, nuclear or chemical event. It's believed the funds will come in the form of block grants, most likely distributed through state health departments. Mr. Inoue noted that some CAP grantees may have access to these funds and should follow the legislation to see what becomes available.

Lisa Cox of the National Association of Community Health Centers (NACHC) spoke to grantees next, informing them of the NACHC's website on bioterrorism (http://www.nachc.com/Bioterrorism_response/Page_One.htm). She also discussed a survey the NACHC is conducting on emergency preparedness. The survey covers several issues, including determining the number of clinical providers who may be called into service by the Public Health Service Commission Core or National Guard, leaving a gap in the number of providers available in the system. The Association is

also trying to determine health centers' needs in the areas of IT, communications, equipment, and training. Ms. Cox noted that surveys, information available on the Web, and forums such as the Technical Assistance calls can all help CAP grantees keep abreast of these issues.

The next speaker to address grantees was **Dr. Katherine Schneider from the CAP Community of Middlesex, Connecticut**. Middlesex is a semi-rural area located halfway between New York City and Boston. This location combined with the existence of a major nuclear plant prompted the Middlesex community to plan for disaster preparedness even before the recent terrorist events. Before September 11th, these plans were sometimes backburnered, and many local police and firefighters were not fully aware of plan components. After the September 11th attacks, Middlesex Hospital and other health care delivery agencies quickly formed bioterrorism task forces to prepare themselves in the event of an attack. Drawing from this experience, Ms. Cox made several suggestions about establishing an effective plan:

- Address the issue of workforce abandonment. What incentives can be provided to keep the health care workforce at work, and prevent them from fleeing in a catastrophic disaster situation?

- There is an incredible amount of disaster preparedness information available to those who need it. However, that large volume can quickly become overwhelming. Create a plan to manage information effectively. Consider choosing one person to review the information that is available on the Web daily (such as on the CDC's website among others), as opposed to having multiple staff members review information periodically. This will help prevent the task from becoming enormous and burdensome.

- Develop a back-up communications plan in the event that all cell and land-locked phone lines are interrupted, so that hospital staff can continue to communicate with each other as well as with other hospitals. Create a system to ensure that timely, accurate and updated information is continually provided to patients.

- Assist health care providers and staff by providing scripted answers for patients in the event of an anthrax scare or incident. Patients will go to their doctors or emergency departments first for information, and many front desk staff have trouble fielding such questions.

- Be sure to provide appropriate volunteer training and conduct an accurate capacity assessment. Be sure actual numbers of volunteers are not inflated by inadvertent multiple head counts that could lead to a misrepresentation of available resources.

Dr. Schneider concluded by saying her greatest fear is not a true disaster, but the health care system being shut down because of a scare and the resulting panic. It is critical to assure that health care providers are prepared for the panic surrounding an event as well as the event itself.

Closing Remarks

Mr. Hobson reminded CAP grantees that their Collaboratives were chosen for grants because they include multiple critical health care delivery organizations and have realistic plans for improving access to care for uninsured persons. While emergency preparedness is not a requirement of the CAP grant, it is highly encouraged and recommended that all CAP grantees take an active role in the emergency preparedness plans of their communities.

For more information about bioterrorism, emergency preparedness, and disaster response, please take advantage of the following websites mentioned during this technical assistance call:

The American Medical Association

http://www.ama-assn.org/

The American Hospitals Association

http://www.aha.org

CDC's State and Local Emergency Response Plans

http://www.bt.cdc.gov/STAndLocal/

Kaiser Permanente

http://www.kaiserpermanente.org/

Minnesota HealthPartners

http://www.healthpartners.com/

Morbidity and Mortality Weekly Report

http://www.cdc.gov/mmwr/

National Association of Community Health Centers

http://www.nachc.com

National Association of Public Hospitals

http://www.naph.org

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